

State of Washington Application for a Water Right

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Pleas	se follow t	the attach	ed instruc	tions to avo	oid unnecessa	ry delays.		
Section	1. APPI	LICANT	- PERSO	N, ORGA	NIZATION,	OR WAT	ER SYS	TEM
								8788
Mailing Ad	Idress P. C). Poss	969		Work	Tel: (509)427 -	8788
City S +	winson		State WA Z	Zip+4 <u>986</u> 4	+ 0969	FAX: (_)	
Company of the Compan	2. CON		PERSON	TO CALI	ABOUT TI	IE APPL	(CATIO)	N
Name <i>E (1</i>	CALL.	abar	/		Home	Tel: ()	
Mailing Ad	dress 1-0	11302	964		Work	Tel: (.)	
City STel	renson	s	state & 2	Zip+4 <u>9864</u>	8+	FAX: (569	1457-	7459
Relationshi	p to applicar	nt						
sufficient. Estimate a r	maximum an	er use is pro	ty to be used posed for a si	in acre-foot p		be cal	culated	ater will be needed
Bar Mada Men Alban	6 marila di Ambalia igrama	in a second			If GROUNDW	ATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:					A permit is desired for 1 (one) well(s).			
Number o	f diversions	s:						
Source flo	ws into (na	me of bod	y of water):		Size & depth of well(s):			
					535 feet	deep.	6" cas	sing.
LOCATIO	N							No.
Enter the r section co		and east-v	vest distance	es in feet fro	m the point of d	iversion or	withdrawa	l to the nearest
1/4 of	1/4 of	Section	Township	Range (E/W)	County	If loca	ation of source	e is platted, complete ow:
						Lot	Block	Subdivision
NW	δW	27	3	8E WN	Skaman	ia		
For Ecology U SEPA: Exemplo Date Accepted	to the second of	FERC Lice	mse #	<u> </u>	Dept. O	f Health #	. Ву	wria:

ECY 040-1-14 Rev. 7/97 ** f APPLICATION

Appl. No.: 62-29836

Sec	ction 8. WATER STORAGE		L. Sapra
NOT.	you be using a dam, dike, or other structure to retain or store water? In-ground water storage tanks. E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or it, and some portion of the storage will be above grade, you must also apply for a reservoir permit. woir permit application from the Department of Ecology.	more at the	□ No
Sec	etion 9. DRIVING DIRECTIONS		
Provi Six Cro	de detailed driving instructions to the project site. (6) miles East of Stevenson, WA. via SR-14 to the community 255 the Wind River bridge. Turn Left onto Berge Road. At 1 need, turn Right at gate.	of Hom rile up	e Val
Sec	tion 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)	7.5.400	
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):	⊠ YES	□NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	⊠ YES	□NO
to pro monit	ify that the information above is true and accurate to the best of my knowledge. I understant ocess my application, I grant staff from the Department of Ecology access to the site for insperioring purposes. Even though I may have been assisted in the preparation of the above applications of the Department of Ecology, all responsibility for the accuracy of the information responses.	ection and cation by	l the

February Date

Applicant (or authorized representative) ED CALLAHAW

Home Valley Hot Springs
Landowner for place of use (if same as applicant, write "same")

Se	ection 5. GENERAL WATER SYSTEM INFORMATION		
A.	Name of system, if named: will be in name of Home Valley that So	rings	
B.	Briefly describe your proposed water system. (See instructions.) Well will be used for domestic use, inigation, and to coot I water being used for hot mineral baths.	not me	nero
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	☐ YES	\boxtimes
	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMA' Completed for all domestic/public supply uses.)	TION	•
A.	Number of "connections" requested: Type of connection		
	(Homes, Apartment, I		al, et
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are County Health Department. Home Valley Water District believes it is running so we drilled over own wells. mplete C. and D. only if the proposed water system will have fifteen or more	gout of	wat
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved vers	☐ YES	⊠ r plan
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved vers	☐ YES sion of you	⊠: r plan
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION completed for all irrigation and agriculture uses.) Total number of acres to be irrigated: 20		4
B.		Wac	U
ъ.	Use Acres Use Acres Use Acres		
C.	Total number of acres to be covered by this application:		
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? 2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:	□ YES	
E.	Farm uses: N/A Stockwater - Total # of animals Animal Type (If dairy cat Dairy - # Milking # Non-milking	tle, see bel	low)